

SDI Online Tutorial: Physician/Practitioner Representative Registration

Physician/Practitioner Representative Registration

- The Physician/Practitioner must create an account first.
- The Physician/Practitioner must list the authorized Representative on their account.
 - A person may be an authorized Physician/Practitioner Representative for an unlimited number of Physicians/Practitioners.
 - A Physician/Practitioner may have an unlimited number of authorized Representatives.

Physician/Practitioner Representative Use of an Online Account

- To complete forms for their Physician/Practitioner.
- To update their contact information.
- To access electronic requests for additional medical information.



State of California

Employment Development Department

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- About the Program
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- New! SDI Online
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To create an SDI Online account:

- Visit www.edd.ca.gov.
- Select **Disability**.
- Under Important Links, select **SDI Online**.



Language: English ▼

Contact SDI

Online

By Location

By Phone

Telephone Numbers

Automated Info

System

SDI Registration Instructions

Important: You are required to have a valid e-mail address to register in SDI Online.

Welcome to State of California Employment Development Department's (EDD) State Disability Insurance (SDI) Online Registration process.

The Disability Insurance (DI) Branch of EDD provides four registration choices. Select the registration option for the type of account that you need to access the system.

CLAIMANTS

Select this option to file a DI or Paid Family Leave (PFL) claim, access your personal claim information, and view payment history. You will need to provide your Social Security Number and California Driver License or State ID Number to complete the registration. The registration system is available Monday through Friday, between 7 a.m. and 7 p.m.

[Continue to Claimant Registration](#)

PHYSICIAN/PRACTITIONERS

Select this option if you are a Physician or Practitioner who certifies DI or PFL claims for your patients. The SDI Online allows authorized Physicians and Practitioners and their designated representatives to view their patient's initial claim for benefits, submit DI and PFL claim certifications, and view their claim certification history. You will need to provide your medical license information as filed with the California Department of Consumer Affairs in order to complete registration. Physicians and Practitioners will need to first register for an account before they can designate representatives for their account.

[Continue to Physician/Practitioner Registration](#)

If a Physician or Practitioner has designated you as a representative in the system, you will need to provide registration information as entered by the Physician or Practitioner.

[Continue to Physician/Practitioner Representative Registration](#)

EMPLOYERS

Select this option if you represent an Employer. The SDI Online allows Employers to access and submit electronic Notice of Claim forms. You will need to provide your Employer Account Number, the ZIP code of the Employer's address on file with EDD Tax Branch, and information from your most recent Wage Report to complete registration.

This will take you to the SDI Registration Instructions page. Select the **Continue to Physician/Practitioner Representative Registration** hyperlink.

Security Check

*Indicates Required Field

Security Check

sinned

VPastream



Try Another

Vision Impaired

Help

*Please type both words separated by a space below:

You do not have permission to access this Web site if you are using an automated program.

This Security Check allows us to:

Ensure Restricted Access to Registration

Automated programs known as "Bots" cannot read distorted text as well as humans. The Security Check helps prevent automated programs from blocking other users from registering for accounts with the EDD.

Provide an Audio Option for Visually Impaired Customers

An audio option allows visually impaired customers to hear a set of **eight** (8) digits that can be entered instead of the word challenge.

Next

You will see the **Security Check** page requesting that you type the words shown in the text box.

- Then select the **Next** button on the bottom right. *(If you have difficulty viewing the words you can select the **Try Another** button located to the right of the word box.)*



Try Another

Select Try Another to change the text.



Vision Impaired

Select Vision Impaired to listen to spoken words.



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Physician/Practitioner Representative: Terms and Conditions

Terms and Conditions

Please read through the entire Terms and Conditions before proceeding. The information you provide may be used to verify your identity with federal and/or state agencies. If "I Do Not Agree" is selected, you will not be able to establish an online account.

These Terms and Conditions, which include the Conditions of Use and Privacy Statements, govern the use of and access to: (i) this website (www.edd.ca.gov/); and (ii) the information on or provided through this website.

If you establish an online account you are responsible for maintaining the confidentiality of your username and password, and you are responsible for all activities which you authorize under your username and password. You agree to: (i) immediately notify the Employment Development Department (EDD) of any unauthorized use of your username and password or any other breach of security; and (ii) log out from your account at the end of each session.

By registering for an online account, you agree to check your account regularly and frequently for messages from the EDD. Please note that e-mails will only be used to send notifications to log in to your account or when you request to reset your username or password. No confidential claim information will be sent via e-mail.

The information submitted by any party will be used by the Employment Development Department to carry out its responsibilities under the California Unemployment Insurance Code, which may include the sharing of the information with other entities as required by law.

These Terms and Conditions may change from time to time and it is your responsibility to check for updates. The last revision date for these Terms and Conditions is February 1, 2012.

I have read and understand all the above information and wish to continue with establishing an account in the State Disability Insurance (SDI) Online.

Next you will see the **Physician/Practitioner Representative: Terms and Conditions** page.

Scroll to the very bottom of the page once all the information has been read and select the **I Agree** button, located at the bottom of the page.

Physician/Practitioner Representative: Account Verification Information

*Indicates Required Field

If you already have an account with SDI, [log in here](#).

Physician/Practitioner Representative Information

Please enter your name as provided to the EDD by the medical provider authorizing your account.

*First Name:

Middle Name:

(if you have no middle name, leave blank)

*Last Name:

Suffix:

(if you have no suffix, leave blank)

*E-mail Address:

*Re-Type E-mail Address:

*Date of Birth: (MMDDYYYY)

*Last four digits of Social Security Number:

Next

Cancel

You will be directed to the **Physician/Practitioner Representative: Account Verification Information** page.

Complete the fields by entering your name as provided to the EDD by the medical provider authorizing your account, then select **Next**.

Account Information

Enter a Username and Password. Do not share your password with anyone.

*Username:
(must be 6 to 15 characters, no special characters)

*Password: (case sensitive)
(must be 8 to 12 characters long, including an uppercase letter, a lowercase letter, a number, and one of the following: ! @ # \$ % ^ & * ())

*Re-Type Password: (case sensitive)

*Password Hint: My passion

Choose your security questions and enter your answer to each question. This will be part of your Account Recovery Options.








*Question 1: What was the name of your first boss?
*Answer to Question 1: Senor Peralta

*Question 2: Who was your most memorable childhood crush?
*Answer to Question 2: Graham

*Question 3: What was your favorite game to play as a child?
*Answer to Question 3: horses

*Question 4: In what city do you want to retire?
*Answer to Question 4: Bath

Choose your Personal Image and enter a Personal Image Caption for it. The image along with your image caption helps you know that you are at a valid EDD site and that it is safe to enter information. [Refresh to get new set of personal images](#)

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*Personal Image Caption: The Great Pumpkin

The **Physician/Practitioner Representative: Setup Security Profile Information** page will display. Once all information is filled out in each field:

- Select a Personal Image.
- Then enter a word or phrase of your choice in the Personal Image Caption box. Once completed, select the **Next** button located at the bottom left side of the page.

Note: The SDI Online system will remember the computer used to log in. If the user accesses their account through a different computer, they will have to correctly answer these security questions.

Be sure to make note of your Username, Password, Security Questions, and Personal Image to ensure easy access when using the SDI Online system.

Physician/Practitioner Representative: Personal Profile Information

***Indicates Required Field**

Physician/Practitioner Representative Information

Treatment Address:
Sacramento, CA 95834
United States

*Phone Number: Ext: ☐ Check here if the phone number is international
(No dashes or spaces)

Communication Preferences

Indicate below how you prefer to be notified. Some EDD forms are not available online and will be sent through the US Postal Service.



*Preferred Communication: ☒ I prefer to be notified by e-mail.
☐ I prefer to be notified by paper mail
☐ I do not want to receive notifications. I will be reviewing the items in my message center regularly

Submit **Cancel**

You will arrive at the **Physician/Practitioner Representative: Personal Profile Information** page.

Verify the Treatment Address, enter the Phone Number, and select the Communication Preferences. Select **Submit** to create your account.

The Physician/Practitioner can change the fields that a Physician/Practitioner Representative cannot.



Employment
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Contact SDI

Online
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Automated Info System

Account Setup Confirmation

Successful Account Creation Notification


Your account has been created and your EDD Customer Account Number is . A notification has been sent to you via e-mail. If you do not receive an email, please check your junk/spam folder. To ensure e-mails from the EDD appear in your inbox, add noreply@edd.ca.gov to your address book.

[Login](#)

You will arrive at the **Account Setup Confirmation** page where you will receive a Successful Account Creation Notification and an EDD Customer Account Number.

Congratulations! You are now registered with SDI Online.

To log in to your account, select the **Login** button.



Visit www.edd.ca.gov for more information about
State Disability Insurance.

The EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Requests for services, aids, and/or alternate formats need to be made by calling 1-800-480-3287 (voice), or TTY 1-800-563-2441.